

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09782 062

FILING DATE
02/20/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30	1						80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45	1						95						
46		1					96						
47		1					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	45						TOTAL DEP.						
TOTAL CLAIMS	55						TOTAL CLAIMS						